

College Green Care Home Limited

# College Green Rest Home

## Inspection report

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### Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

# Summary of findings

## Overall summary

### About the service

College Green is a residential care home providing nursing and personal care to 12 people at the time of the inspection. The service is registered to support up to 21 people in one adapted building. The home is located over three floors.

### People's experience of using this service and what we found

People who lived at the home were not always safe. There were significant concerns with health and safety which put people at risk of harm. We found multiple concerns in the environment. There was no record of health and safety checks being completed to ensure people were safe. We raised concerns with the local fire service and the provider responded immediately to address these.

Risks to people were not always appropriately assessed or managed. People were at risk of falls due to poor mobility, but no falls risk assessment had been completed. Staff also identified one person as a choking risk, but no choking risk assessment had been completed and there was no plan to manage this risk.

The service was not well-led. We found widespread and systemic failings throughout the service. Oversight from the management team was inconsistent and roles, responsibilities and accountability arrangements were not clear. Audits were not effective in driving forward improvements within the home. Policies and procedures were not consistently followed to maintain safety. Records were not always accurate, up to date and reflective of people's needs.

Recruitment processes were not safe. Appropriate checks had not taken place on prospective staff. Full employment histories were not always recorded or corroborated and appropriate references were not always in place.

There was a lack of guidance for staff on administering as and when needed medicines (PRN) to people. This meant people were at risk of not receiving medicines when they needed them. Some people were prescribed creams and eye drops which had an expiry date after opening. Opening dates had not been recorded on these meaning they may be used past their expiry date. We made a recommendation about this.

People were not supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Consent was not always sought in line with legislation and good practice. Dignity and respect were not always considered and promoted. We could not be fully assured autonomy was promoted and people were consulted with.

Most accidents and incidents were recorded, although we found some gaps. Records demonstrated appropriate action had not always been taken after an incident. There were no systems in place to review

accidents and incidents to manage risk and prevent reoccurrence.

People's nutritional and hydration needs were not always recorded appropriately in their plans of care. However, staff were aware of people's individual needs regarding this and we were assured people were receiving diets appropriate for them.

There was ineffective oversight of training for staff. Not all staff had completed training deemed mandatory by the provider. There was a system in place to monitor training, but this was not effective. Staff told us they received training and felt competent in their roles.

There were enough staff to meet people's needs. However, we raised concerns that there was no system to determine staffing levels to ensure people's needs could always be met.

Relatives were very complimentary about the home and care provided. They told us they felt people were well looked after and they were fully informed of people's welfare.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 19/09/2019 and this is the first inspection.

#### Why we inspected

We undertook this inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns received about infection control, leadership and poor record keeping. A decision was made for us to inspect and examine those risks under the key questions of safe and well-led.

We inspected and found there concerns with consent, health and safety, and risk assessment and planning, so we widened the scope of the inspection to become a comprehensive inspection which looked at all five key questions.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the assessment, management and mitigation of risk, recruitment processes, consent and governance and oversight of the service.

Please see the action we have told the provider to take at the end of this report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning

information we may inspect sooner.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it, and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-Led findings below.

# College Green Rest Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

On day one the inspection was carried out by one inspector and an assistant inspector. On the second day it was carried out by two inspectors and an assistant inspector.

#### Service and service type

College Green Rest Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

#### During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with five relatives about their experience of the care provided. We spoke with 10 members of staff including the registered manager, provider, senior care workers and care workers.

We reviewed a range of records. This included five people's care records, and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We liaised with the fire and rescue service to share our concerns.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- We found multiple and significant concerns with fire safety. No fire evacuation drills had taken place and staff we spoke with were not always aware of the evacuation process. There was no equipment to support people in the event of an emergency evacuation. Due to our concerns we made a referral to Merseyside Fire and Rescue who completed follow up checks with the service.
- Risks to people were not always adequately assessed. The registered manager told us people would only have risk assessments for falls and choking when they were at risk of these. Staff told us one person was a choking risk, but no choking risk assessment or plan existed.
- When risks associated with people's care and treatment had been assessed, plans were in place to reduce those risks. However, these plans were not available in people's care records for staff to access. therefore, staff did not always have appropriate information to support people safely. After the inspection the provider ensured these plans were in people's records to guide staff in safely supporting people.
- People's plans did not always reflect advice from healthcare professionals to keep them safe. For example, one person was assessed as needing more regular repositioning, but their care plan had not been updated to reflect this. One person had been assessed as needing a blended diet, but there was no information in their records to reflect this.
- Multiple radiator covers were missing from people's bedrooms and communal areas. This put people at risk of burns. During the inspection we found one person leaning against a hot radiator. We had to intervene to ensure this person did not come to any harm.
- Incidents and accidents were recorded, although we found gaps in recording for July to October 2020. From the accidents that were recorded, we identified appropriate action had not always been taken. One person had banged their head but there was no record of any monitoring or medical advice for this person. There was a lack of referrals to appropriate professionals after multiple accidents, such as the falls team.
- Analysis of incidents was not completed which meant opportunities for learning and reducing the risk of recurrence were missed.

The provider had failed to robustly assess risks relating to health, safety and welfare of people. This placed people at risk of avoidable harm. This was a breach of regulation 12 (Safe care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection to the risks to people from radiators and fire by addressing concerns with the fire doors, fire evacuation procedures and radiator covers.

Staffing and recruitment

- Recruitment processes were not always suitable and we could not be assured all employment checks had



taken place. Full employment histories were not always recorded or corroborated and appropriate references were not always in place.

- When information was missing from application forms, the registered manager had failed to follow this up appropriately.

The provider had failed to ensure recruitment processes were appropriate and safe. This was a breach of regulation 19 (Fit and Proper Persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- There were enough suitably qualified staff to support people. However, we raised concerns with the registered manager that staffing levels were not assessed effectively. People's needs were assessed but not used to support the calculation of staff numbers needed to support people safely. Staffing had remained the same even when the home had significantly more people living there.

#### Using medicines safely

- Good practice was not always followed. Creams and eye drops prescribed to people had not always been marked with an opening date. Certain products expire after a period of time and best practice guidance states opening dates should be recorded to monitor this.
- Medicines prescribed as needed (PRN) did not have appropriate protocols in place to guide staff in when the medicine should be given to people.
- Senior care staff who administered medicines were appropriately trained and had their competence checked regularly.

We recommend the provider consider current guidance on giving as and when needed medication and on managing creams and drops and take action to update their practice accordingly.

#### Systems and processes to safeguard people from the risk of abuse

- Staff completed safeguarding training in this subject and knew what actions to take if they needed to report concerns.
- Relatives felt their loved ones were safe at the home. Comments included, "I would be very upset if [person] had to move. They [staff] love her and I think they really care. It's [person] home," and "[Person] is cared for really well. If I thought for one moment [person] wasn't safe, I wouldn't have [person] in there. [Person] is happy and settled."

#### Preventing and controlling infection

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

We have also signposted the provider to resources to develop their approach.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Consent to care and treatment was not always gained following the principles of the MCA. Some people shared a room but there was no consent recorded for this decision, and no evidence it was made in people's best interests.
- DoLS had not always been applied for appropriately. For example, one person's access to their room was restricted which went against their specific wishes.
- People had been tested for COVID-19 in line with whole home testing and current guidelines. During the inspection we were unable to find any consent forms for people's COVID-19 tests. The provider informed us that consent had been gained and consent forms were stored on a computer. These have now been placed in people's care records. However, one form was not completed in a timely manner and showed testing had taken place before consent was gained.

The provider failed to act in accordance with the Mental Capacity Act. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

- Staff were very aware of people's nutritional needs. However, this wasn't always recorded appropriately or accurately. We spoke with staff and we were assured people were receiving the appropriate diet.

- Oral health risk assessments were completed, but there were no care plans in place to ensure people's oral health needs could be met.
- Charts were in place to monitor people's food and fluids when needed.

#### Staff support: induction, training, skills and experience

- Training records showed not all staff had completed training deemed mandatory by the provider. However, staff told us they received appropriate training and felt competent in their roles. Feedback from relatives was positive about staff training and knowledge.
- Records showed staff had not always received an appropriate induction, especially with recruitment made during the COVID-19 pandemic. Newer members of staff told us they felt they had been given appropriate experience and training.
- Staff felt well supported by the registered manager and had regular supervision.

#### Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before admission to the home to ensure they could be met. However, people were not always reassessed when their needs had changed. For example, one person's care notes reflected their mobility had deteriorated, but no falls risk assessment had been completed.

#### Adapting service, design, decoration to meet people's needs

- The home mainly supports people with dementia, however there was very little adaptation to the building to support people. There was clear signage in the home and people's doors were painted different colours to support them find rooms. The registered manager told us consideration would be given to the environment to meet people's needs.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- We could not be assured people's privacy and dignity was always considered. People's bedrooms and some bathrooms did not have locks on the door. Staff told us this was because, "They all have dementia so they can't have locks." The provider told us this was the way it had always been and people had never had locks. The registered manager told us if people wanted to have their room locked, they could.
- People's dignity was not always promoted. On the first day of the inspection we found notes on people's bedroom doors describing their moods, care needs and risks. The provider told us this was done to support agency staff during the COVID-19 outbreak. These were removed before the second day of inspection.
- People's independence was not always respected. One person who had asked for their independence to be respected was in a bedroom that was accessed via stairs that had a locked gate. Only staff could open this gate. This inhibited the person's independence.

Supporting people to express their views and be involved in making decisions about their care

- People were not always supported to express their views. Some people had been placed in a shared bedroom without any involvement of them or an advocate to ensure their views were considered.
- Staff did encourage people to express day to day wishes, such as which food they wanted to eat.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were kind in their response to people and their approach was observed to be patient.
- People living with dementia were not always supported in a meaningful way. At times staff were very busy and we saw people sat in the lounge with very little interaction.
- Where people expressed distressed behaviours there was a lack of management plans to guide staff in supporting people in a dignified, respectful manner. Records were not always person-centred.
- People's relatives told us they thought the service was caring and focused on people. Comments included, "They [staff] know [person] really well and talk to [person] about what [person] is interested in. Staff chat to relatives when they come in, they [staff] make it feel like home," and "It's lovely. They have the same staff that you see all the time. They [staff] are all really good with [person] and are really caring and patient."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care records did not contain enough detail to ensure care was delivered in a consistent way and in line with people's choices and preferences. The registered manager told us the service was moving over to electronic records. Electronic records we saw were more informative but completed inconsistently and still lacked enough information to meet people's needs.
- Information regarding people's care needs had not always been updated. Although we saw evidence of regular care plan reviews, these did not always identify changes to people's support needs.
- Some care plans contained contradictory information. For example, one person's care plan stated they were independently mobile, but another care plan stated they required support from one staff member to mobilise safely.

The provider failed to ensure records regarding people's assessed needs were accurate and well maintained. This is a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified in support plans. However, there was very limited information to guide staff on how to support people. For example, one person's communication care plan simply stated they needed staff to know the best options for them as they were unable to communicate all their needs. There was no evidence communication methods had been considered and no information as to what the best options for this person were.
- There were limited activities available in the home and there was no activity programme. Staff told us they put music on for people and encouraged singing and dancing with them. We raised our concerns regarding the lack of social activity and interaction with the registered manager.
- Relatives told us they were happy with the care their family members received and they were kept up to date about important changes in people's physical health.

Improving care quality in response to complaints or concerns

- A complaints system was in place and displayed in the service. There had been no complaints received by the service.
- Relatives told us they would feel comfortable raising a concern.

End of life care and support

- Care files contained detailed information regarding advanced care planning. These plans were reviewed and discussed with relatives when appropriate.
- People had been able to remain at the service for the end of their lives and staff had supported them according to their expressed wishes. People's relatives had been able to visit at the end of their loved one's lives during the pandemic if they wished to.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- Checks on the safety of the building were not recorded and there was no evidence these had been completed regularly. We found significant concerns with health and safety at the home which placed people at risk of harm. The provider took immediate action to address these concerns.
- Oversight and governance at the home was inadequate. Systems and processes had not been established to ensure the delivery of safe, high quality care.
- Roles, responsibilities and accountability arrangements were not clear. During the registered managers absence one person who had refused medicine on five consecutive days had not been referred to the GP. We were told by a senior carer the registered manager would deal with this normally. This had been followed up with the person's GP before the end of our inspection.
- Records, to document the care people had received were not always well-maintained.
- Systems were not robust enough to ensure learning from incidents was implemented to further reduce risk to people.
- People were at risk of receiving poor care because risks to their safety and well-being were not assessed or managed appropriately to protect them from harm.
- There was a lack of effective work with other agencies to support people. Some people had suffered multiple falls but not been referred to the falls team. One person had been assessed by district nurses, but the advice given had not been reflected in the person's care plan and was not taking place.
- Through our observations and from speaking with staff, we found that a closed culture had developed within the service. This meant people were not always able to speak up for themselves, restrictive practices were being used, and management and staff were making choices for people which were not always in their best interest.

The provider had failed to effectively assess, monitor and improve the quality and safety of the service provided. Records were not always accurate and up to date. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was aware of what events they needed to notify CQC about. They had submitted notifications in line with legal requirements and displayed the rating of the last inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Communication with relatives, especially during the pandemic, was good. Relatives said the registered manager often called them to report any concerns or update them on their loved one's health and wellbeing. However, there were no systems to record feedback and no evidence that feedback was sought to improve the service.
- Relatives told us they had been kept informed of events during the pandemic.
- Managers and staff understood their legal responsibility to be open and honest with people. Relatives told us the registered manager was very open with them.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  The provider failed to ensure decisions were made or recorded in line with the Mental Capacity Act (2005)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Recruitment checks were not always completed in line with legislation.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Risks to people's health and safety were not appropriately assessed, managed or monitored.

**The enforcement action we took:**

Warning notice issued

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems were not in place to assess, monitor and improve the quality and safety of the service.  Records were not well maintained or updated regularly with accurate information.

**The enforcement action we took:**

Warning notice issued